



In re Application of:

MASATO MURAKI ET AL.

Application No.: 09/733,980

Filed: December 12, 2000

For: CHARGED-PARTICLE BEAM EXPOSURE
APPARATUS, CHARGED-PARTICLE BEAM
EXPOSURE METHOD, CONTROL DATA
DETERMINATION METHOD, AND DEVICE
MANUFACTURING USING THIS METHOD

Docket No. 00862.022072.

Examiner: N. Wells

Group Art Unit: 2881

Date: June 2, 2003

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

RECEIVED
JUN - 9 2003
TECHNOLOGY CENTER 2800


| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 18 | MINUS | ** 20 | 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 7 | MINUS | *** 7 | 0 | x \$42 \$84 | 0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | 0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 410.00 to cover the fee for a two-month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 42476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 352841v1